

213047355
11193

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 122	Agency Case No. B3-115269	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/14/2013		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 2227	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2229	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	STATE USE ONLY	
B	18	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. MacFarland - State Fair Park Dr			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	12/15/2013	
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M	10	NAME OF INTERSECTING ROADWAY					139.00
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	1	VEHICLE NO. 1					
V1/N	1	DRIVER LICENSE NO.	H12950695	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V2/N	1	DRIVER JASON D KUMKE	PHONE 4022027682	LOCAL NO.			
G	4	DRIVER ADDRESS CITY, STATE, ZIP	2120 W GARFIELD ST, LINCOLN, NE 68522	DATE OF BIRTH (MM / DD / YYYY)	08/11/1987	V1/1 18	
H	5	OWNER DEENA M ACKERMAN (12-27-65)	PHONE 4025400598	LOCAL NO.	V1/2		
V1/O	1	OWNER ADDRESS CITY, STATE, ZIP	2120 W GARFIELD, Lincoln, NE 68522	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB405721	V1/3	
V2/O	1	LICENSE PLATE PA NO. RUX919	YEAR 2014	STATE (Of Plate)	NE	V1/4	
I	1	VEHICLE 2003	MAKE Chevrolet	MODEL IMPALA	BODY STYLE 4 door Sedan	COLOR red	
V1/P	6	VEHICLE ID NO. (VIN)	2G1WF52E239147440	INSURANCE COMPANY	Nationwide	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 250	
V2/P	1	TOWED TO 101 Charleston	TOWED BY Capital Towing	POLICY NO.	PPGM00047790655	V1/5 18	
J	01	VEHICLE NO. 2				V1/6 25	
V1/Q	2	DRIVER LICENSE NO.	H13662537	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V2/Q	4	DRIVER MICHELLE M SHEPHERD	PHONE 4026010897	LOCAL NO.	V2/1 18		
K	01	DRIVER ADDRESS CITY, STATE, ZIP	1324 W WASHINGTON ST, LINCOLN, NE 68522	DATE OF BIRTH (MM / DD / YYYY)	06/20/1977	V2/2	
L	01	OWNER MICHELE M SHEPHERD	PHONE 4026010847	LOCAL NO.	V2/3		
M	01	OWNER ADDRESS CITY, STATE, ZIP	1324 W WASHINGTON ST, LINCOLN, NE 68522	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	V2/4	
N	01	LICENSE PLATE PA NO. STX236	YEAR 2014	STATE (Of Plate)	NE	V2/5 18	
O	01	VEHICLE 2006	MAKE Nissan	MODEL Altima	BODY STYLE 4 door Sedan	COLOR silver / chrome	
P	01	VEHICLE ID NO. (VIN)	1N4AL11D86C118572	INSURANCE COMPANY	State Farm	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000	
Q	01	TOWED TO	TOWED BY	POLICY NO.	0786123130127A	V2/6 25	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	2	NAME Bridgette R McKay	ADDRESS 4002 S 52, Lincoln, NE 68506	DATE OF BIRTH (MM / DD / YYYY)	02/20/1990	1 06 2 1 3 03 4 2 SEX F	
VEH. #	2	NAME Nathan A Gruhm	ADDRESS 1324 W Washington, Lincoln, NE 68522	DATE OF BIRTH (MM / DD / YYYY)	03/25/1977	1 03 2 1 3 03 4 2 SEX M	
VEH. #	2	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)		1 03 2 1 3 03 4 2 SEX	
VEH. #	2	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)		1 03 2 1 3 03 4 2 SEX	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

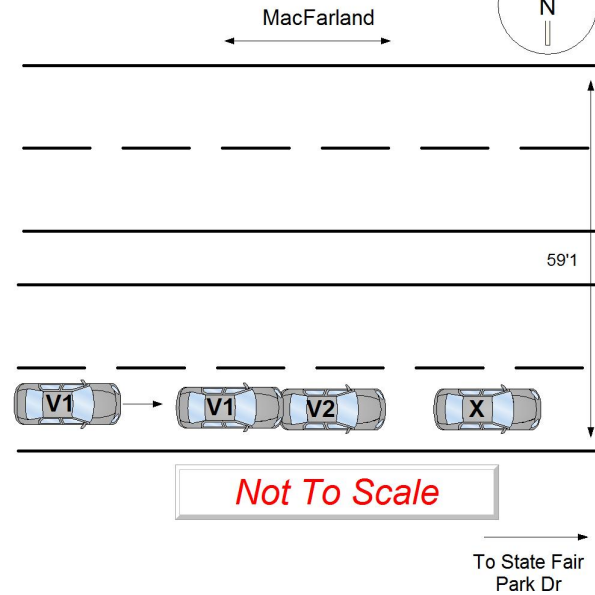
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-115269



Indicate
North
by Arrow

POI
5'3 N of S curb of MacFarland
139' W of W curb of State Fair



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicles were in line to exit State Park grounds via MacFarland to State Fair Park Rd and were being directed by Ofcs. Sgt. Bucher #833 and Sgt. Myers #563 were directing traffic after a sporting event and advised traffic was moving at a slow speed around 5 MPH. While proceeding in this line of traffic, D2 stated she came to a stop after the vehicle in front of her stopped. V1, which was behind her, did not stop and collided with the rear of D2. D1 stated that D2 slammed on her brakes while they were moved forward and he was not able to avoid collision. He appeared impaired and was found to be DUI. He was cited for negligent driving and DUI.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	2	VEH 2	4
1			X		MacFarland	POINT OF IMPACT	01	POINT OF IMPACT	05	1	2	3	4	Driver No. 1	Driver No. 2	Pedestrian	
2			X		MacFarland	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1	2	3	4	Y	X	Y	Y
1	01	06 Turning left				00 None	02	03	04	1	2	3	4	N	N	X	N
2	11	08 Entering traffic lane				09 Top & windows	01	05	06	2	3	4	5	BAC LEVEL .134			
					09 Leaving traffic lane	10 Undercarriage	08	07	06	1	2	3	4	ALCOHOL/DRUGS SUSPECTED			
					11 Slowing or stopped in traffic	11 Total (all areas)				1	2	3	4	1 Neither alcohol nor drugs suspected			
					12 Other	12 Other				1	2	3	4	2 Yes - alcohol suspected			
					13 Unknown				1	2	3	4	3 Yes - drugs suspected				
									1	2	3	4	4 Yes - alcohol & drugs suspected				
									1	2	3	4	5 Unknown				
OFFICER NO. 1599					TROOP/TEAM/BEAT 1	DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
INVESTIGATOR NAME (Print or Type) Sara Genoways					INVESTIGATOR SIGNATURE Approved by Officer Sara Genoways					DATE OF REPORT 12/15/2013							